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PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0851-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE flection of information unless it displays a valid OMB control number Under the Paperwork Reduction Act of 1995, no person Application Number 10/644.698 Filing Date TRANSMITTAL AUGUST 20, 2003 First Named Inventor **FORM** OURTH Art Unit 1771 Examiner Name SPERTY (to be used for all correspondence after initial filing) Attorney Docket Number DE003DO-3 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ~ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Petition Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please identify Terminal Disclaimer below): **Extension of Time Request** Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) **CONFIRMATION NO.: 6707** Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name ORSCHELN MANAGEMENT/CO Signature Printed name MICHAEL K. BOYER Reg. No. Date **DECEMBER 27, 2004** 33.085 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date **DECEMBER 27, 2004** MICHAEL K. BOYER

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officor, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04V2)

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Effective on 12/08/2004.		Complete if Known				
Fees pursuant to the Consolidated Appropriations A		Application Number	10/644,6	398		
FEE TRANSM	II I AL.	Filing Date	AUGUS	T 20, 2003		
For FY 2005	For FY 2005 First Named Inventor OUI		r OURTH	DURTH		
	00 00 4 07	Examiner Name	SPERT	<i>r</i>		
Applicant claims small entity status. See		Art Unit 1771				
TOTAL AMOUNT OF PAYMENT (\$)	10.00	Attorney Docket No.	DE003D	O-2		
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
Deposit Account Deposit Account Numb	er: <u>15-0680</u>	Deposit Accour	nt Name: Orso	cheln Man	agement Co	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fee(s)						
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAM	INATION FEES					
FILING FEES	SEAR		CAMINATIO			
Small 8 Application Type Fee (\$) Fee		<u>Small Entity</u>) Fee (\$) !		Entity e (\$)	Fees Paid (\$)	
Utility 300 150				00		
Design 200 100	100	50	130	55		
Plant 200 100	300	150	160	30		
Reissue 300 150	500	250	600 30	00		
Provisional 200 100	0	0	0	0 .		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Small Entity Fee (\$) 50 25						
Each independent claim over 3 (included Multiple dependent claims	ling Reissues)			200 360	100 180	
Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	<u>. N</u>	•	endent Claims	
- 20 or HP = x				Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if gre Indep. Claims Extra Claims		Paid (\$)	•	•		
- 3 or HP =x HP = highest number of independent claims paid for	or, if greater than 3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the s				ntity) for ea	ich additional 50	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x						
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)						
Other (e.g., late filing surcharge): Terminal Disclaimer 37 CFR 1.20(d) 110.00						
SUBMITTED BY A /						
Signature L/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Registration No. (Altomey/Agent) 33,08	5	Telephone	660 269-4536	

Date DECEMBER 27, 2004 Name (Print/Type) MICHAEL K. BOYER

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In The Applications of:

ART UNIT: 1771

DARREN OURTH

SERIAL NO.: 10/644,698

EXAMINER: SPERTY

CONFIRMATION NO.: 6707

FILED: August 20, 2003

ATTORNEY DOCKET:

DE003DO-2

FOR: "LAMINAR STRUCTURE"

Date: December 27, 2004 MOBERLY, MISSOURI

AMENDMENT

Commissioner For Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

In response to the Non-Final Office Action mailed on December 20, 2004, please find the following amended claim for the pending claim having the same number. Please also find enclosed herewith a Listing Of Claims.